

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET**  
(FOR USE WITH FORM PTO-875)

SERIAL NO.

09783248

FILING DATE

APPLICANT(S)

CLAIMS						
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/		X			
2	X		X			
3						
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49		/		/		
50		/		/		
TOTAL IND.	3		3			
TOTAL DEP.	73		22			
TOTAL CLAIMS	76		25			

  

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	IND.	DEP.	IND.	DEP.	IND.	DEP.
51		/		/		
52		/		/		
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100						
TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						